



**RENTAL APPLICATION**  
(For Use in Washington, DC)

Applicant's Name: \_\_\_\_\_ and, if applicable,  
Co-Applicant's Name: \_\_\_\_\_ ("the Applicant")  
Application is made to lease property located at \_\_\_\_\_  
for monthly rental of \$ \_\_\_\_\_ Security Deposit: \$ \_\_\_\_\_  
Lease Term: \_\_\_\_\_ Move-in Date: \_\_\_\_\_ Move-out Date: \_\_\_\_\_

A deposit in the amount of \$ \_\_\_\_\_ (the "Deposit") is to be held by Landlord/Agent with the clear understanding that this Application, including each prospective occupant, is subject to approval and acceptance by owner or his duly authorized property manager. The Applicant has no leasehold interests in the rental property until there is a fully executed lease. In the case of payment by check, the words "**Deposit**" shall be placed on the check.

Additionally, an Application fee of \$ \_\_\_\_\_ ("the Application Fee") is to be used by the Landlord/Agent for the credit/consumer check and processing the application with the understanding that this application, including each prospective occupant is subject to Landlord's approval and acceptance. Should the actual cost expended for a credit check or other expenses arising out the Application exceed the amount of the Application fee, a portion of the Deposit shall be applied to pay such excess cost. When so approved and accepted, Applicant agrees to execute a lease and to pay any balance due on the security deposit and/or the first month's rent (as required by Landlord) within three (3) business days after being notified of acceptance and before possession is given.

**SPECIAL LEASE REQUIREMENTS:** Military/Diplomatic Clause:  Yes  No  
Contingencies/Special Equipment: \_\_\_\_\_

**OCCUPANTS:** The premises are to be occupied only by the following # of occupants:

Total Number of Occupants: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Pets:  Dog: Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ Total Number of Dogs: \_\_\_\_\_  
 Cat: Total Number of Cats: \_\_\_\_\_  Other: \_\_\_\_\_ How many pets total? \_\_\_\_\_

**AUTOMOBILES, MOTORCYCLES, TRUCKS, BOATS, AND TRAILERS:**

Total Number of Vehicles: \_\_\_\_\_  
Type/Make: \_\_\_\_\_ Year: \_\_\_\_\_ Tag #: \_\_\_\_\_ State: \_\_\_\_\_  
Type/Make: \_\_\_\_\_ Year: \_\_\_\_\_ Tag #: \_\_\_\_\_ State: \_\_\_\_\_  
Are any of the above commercial vehicles? If so, which ones? \_\_\_\_\_

All motor vehicles or trailers shall have current licenses and may be parked **ONLY** in garages, driveways, if provided, on the street (not in fire lanes or on the lawn), **OR AS REQUIRED BY THE CONDOMINIUM OR HOMEOWNER'S ASSOCIATION.**

**In compliance with federal fair housing regulations, the Property shall be made available to all persons without regard to race, color, religion, national origin, sex, physical or mental handicaps, familial status or any additional protected classes specified by State of Maryland, District of Columbia or local jurisdiction law.**

For Office Use Only: Date \_\_\_\_\_  
Application Received by Agent/Broker: \_\_\_\_\_

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**Please Print Legibly:**

Applicant's Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SS#: \_\_\_\_\_  
Driver's License # or Government-Issued ID #: \_\_\_\_\_ State: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Temporary Local # (if applicable): \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
Street City State Zip

**Own**  **Rent** Years: \_\_\_\_\_ Rent/Mortgage Payments: \$ \_\_\_\_\_  
Present Landlord/Agent: \_\_\_\_\_ Phone: \_\_\_\_\_  
Reason for moving: \_\_\_\_\_  
Have you ever paid late?  **Yes**  **No** If yes, Explain \_\_\_\_\_  
Have you ever been evicted?  **Yes**  **No** If yes, Explain \_\_\_\_\_

List all **previous addresses** for the last five years including period of stay in each and the name and telephone number of Landlord/Agent from whom you rented. (Use additional sheet if needed.)

**Previous Address:** \_\_\_\_\_  
Street City State Zip

Landlord/Agent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
From (Date): \_\_\_\_\_ To: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

**Previous Address:** \_\_\_\_\_  
Street City State Zip

Landlord/Agent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
From (Date): \_\_\_\_\_ To: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

**Current Employer:** \_\_\_\_\_  
Position: \_\_\_\_\_ How Long: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Supervisor: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

**CURRENT GROSS ANNUAL INCOME:**

Base Pay: \$ \_\_\_\_\_  
Overtime: \$ \_\_\_\_\_  
Bonuses: \$ \_\_\_\_\_

Commissions: \$ \_\_\_\_\_  
Dividends: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_  
**TOTAL:** \$ \_\_\_\_\_

If employed less than one year with current employer, give previous employment information:

**Previous Employer:** \_\_\_\_\_  
Position: \_\_\_\_\_ How Long: \_\_\_\_\_ Gross Income: \$ \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Supervisor: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

IF EMPLOYER REFUSES to verify applicant's employment by phone, it shall become the responsibility of the applicant to provide immediate written confirmation of such information. If applicant is self-employed, attach copies for past two years of individual US tax form 1040 and self-employment US tax schedule C.

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**Please Print Legibly:**

**Co-Applicant's Name:** \_\_\_\_\_

Birth Date: \_\_\_\_\_ SS#: \_\_\_\_\_

Driver's License # or Government-Issued ID #: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Temporary Local # (if applicable): \_\_\_\_\_

Office Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
Street City State Zip

**Own**  **Rent** Years: \_\_\_\_\_ Rent/Mortgage Payments: \$ \_\_\_\_\_

Present Landlord/Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

**Reason for moving:** \_\_\_\_\_

Have you ever paid late?  **Yes**  **No** If yes, **Explain** \_\_\_\_\_

Have you ever been evicted?  **Yes**  **No** If yes, **Explain** \_\_\_\_\_

List all **previous addresses** for the last five years including period of stay in each and the name and telephone number of Landlord/Agent from whom you rented. (Use additional sheet if needed).

**Previous Address:** \_\_\_\_\_  
Street City State Zip

Landlord/Agent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

From (Date): \_\_\_\_\_ To: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

**Previous Address:** \_\_\_\_\_  
Street City State Zip

Landlord/Agent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

From (Date): \_\_\_\_\_ To: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

**Current Employer:** \_\_\_\_\_

Position: \_\_\_\_\_ How Long: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Supervisor: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

**CURRENT GROSS ANNUAL INCOME:**

Base Pay: \$ \_\_\_\_\_  
Overtime: \$ \_\_\_\_\_  
Bonuses: \$ \_\_\_\_\_

Commissions: \$ \_\_\_\_\_  
Dividends: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_  
TOTAL: \$ \_\_\_\_\_

If employed less than one year with current employer, give previous employment information:

**Previous Employer:** \_\_\_\_\_

Position: \_\_\_\_\_ How Long: \_\_\_\_\_ Gross Income: \$ \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Supervisor: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

IF EMPLOYER REFUSES to verify applicant's employment by phone, it shall become the responsibility of the applicant to provide immediate written confirmation of such information. If applicant is self-employed, attach copies for past two years of individual US tax form 1040 and self-employment US tax schedule C.

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**APPLICANT / CO-APPLICANT:**

**HOUSING ASSISTANCE PROGRAM:**

Are you participating in a Housing Assistance Program?  Yes  No If yes, please complete info below:

Jurisdiction: \_\_\_\_\_/\_\_\_\_\_

Amount: \$ \_\_\_\_\_/\_\_\_\_\_

Attach appropriate documentation.

**ASSETS:**

Checking Account: \$ \_\_\_\_\_/\_\_\_\_\_ Bank: \_\_\_\_\_/\_\_\_\_\_

Savings Account: \$ \_\_\_\_\_/\_\_\_\_\_ Bank: \_\_\_\_\_/\_\_\_\_\_

Credit Union: \$ \_\_\_\_\_/\_\_\_\_\_ Name: \_\_\_\_\_/\_\_\_\_\_

Other Assets: \$ \_\_\_\_\_/\_\_\_\_\_ (Specify) \_\_\_\_\_/\_\_\_\_\_

TOTAL: \$ \_\_\_\_\_/\_\_\_\_\_

**LIABILITIES:** (Auto Loans, Mortgages, Credit Cards, Bank Loans, Installment Loans, Student Loans, Child Support, Alimony etc.)

<i>Creditor</i>	<i>Total Due</i>	<i>Monthly Terms</i>
_____/_____	\$ _____/_____	\$ _____/_____
_____/_____	\$ _____/_____	\$ _____/_____
_____/_____	\$ _____/_____	\$ _____/_____
_____/_____	\$ _____/_____	\$ _____/_____
_____/_____	\$ _____/_____	\$ _____/_____
_____/_____	\$ _____/_____	\$ _____/_____
_____/_____	\$ _____/_____	\$ _____/_____
_____/_____	\$ _____/_____	\$ _____/_____
TOTAL:	\$ _____/_____	\$ _____/_____

Have you ever filed for bankruptcy?  Yes  No If yes, Discharge Date: \_\_\_\_\_

Do you have a suit for judgments against you?  Yes  No

Are you obligated to **pay**  or **receive**  child support or **pay**  or **receive**  alimony?

If so, indicate monthly payment: \$ \_\_\_\_\_

APPLICANT: Citizen of (Country): \_\_\_\_\_ Passport #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

CO-APPLICANT: Citizen of (Country): \_\_\_\_\_ Passport #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

**LOCAL REFERENCES:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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**THE FOLLOWING DISCLOSURES ARE REQUIRED BY THE DISTRICT OF COLUMBIA:**

1. The housing accommodation is  **rent-controlled**  **exempt from rent control**.
2. A copy of the current business license is attached.
3. The undersigned acknowledge(s) having been shown the Registration/Claim of Exemption form and having been offered a copy of the form for the undersigned.
4. The housing accommodation is registered as - (check as applicable)  **condominium**  **cooperative**  **is converting** to a condominium or cooperative or non-housing use.
5. The owner of the housing accommodation is \_\_\_\_\_.
6. The amount of the non-refundable application fee is \$ \_\_\_\_\_. The amount of the initial security deposit is \$ \_\_\_\_\_. The amount of the security deposit cannot exceed the first full-month of rent. For any tenancy of twelve months or longer, interest on the security deposit shall accrue at the passbook rate prevailing in the DC financial institution in which the funds are held, which rate is re-set every six months (1st of January and 1st of July). Within forty five days after the termination of the tenancy, the housing provider will either (a) return the security deposit plus any interest to the tenant or (b) notify the tenant of the intent to withhold the deposit for defraying expenses incurred pursuant to the lease. If the housing provider intends to withhold the deposit, then within thirty days after notice to that effect the housing provider will give the tenant an itemized statement of the expenses to which the deposit was applied and refund any remaining balance to the tenant.
7. The applicable rent for the unit at the date of this disclosure is \$ \_\_\_\_\_.
8. The undersigned acknowledge(s) having been shown all Housing Violation Notices issued by the Department of Consumer and Regulatory Affairs within the last twelve months and any Notices issued earlier but still outstanding, and having been offered copies.
9. The following petitions or proceedings are pending that could affect the rental unit, whether the rent charged, the services and facilities provided or other matters: Case Number \_\_\_\_\_ Type of Petition/Proceeding \_\_\_\_\_
10. The following surcharges (rent increases that will subsequently be rescinded) are in effect for the rental unit:  

<u>Case Number</u>	<u>Type of Surcharge</u>	<u>Amount of Surcharge</u>	<u>Date of Rescission</u>
11. Except for a rent increase upon vacancy, the rent charged a rental unit under rent control may be increased no more frequently than once every twelve months.
12. The undersigned acknowledge(s) having been shown the most recent Notice of Change Form filed pursuant to section 205(g)(1)(C) of the Act, relating to change of ownership, management, or services and facilities, and having been offered a copy.
13. The undersigned acknowledge(s) receipt of a pamphlet published by the Rent Administrator explaining the Act and any regulations under the Act as they relate to implementation of rent increases and petitions permitted to be filed by housing providers and tenants.

The undersigned acknowledge(s) receipt of this disclosure form, the attachment and the pamphlet published by the Rent Administrator <http://newsroom.dc.gov/file.aspx/release/9439/Rent%20Control%20Pamphlet%2008.04.06.pdf> The undersigned acknowledge(s) having been shown the other documents, having been offered copies of those documents and having received any copies of documents requested by the undersigned as set forth above.

Initials: \_\_\_\_\_/\_\_\_\_\_

**ELECTRONIC SIGNATURES:** In accordance with the Uniform Electronic Transactions Act (UETA) and the Electronic Signatures in Global and National Commerce Act, or E-Sign (the Act), and other applicable local or state legislation regarding Electronic Signatures and Transactions, the applicant(s) do hereby expressly authorize and agree to the use of electronic signatures as an additional method of signing and/or initialing this application and/or any future contracts or addenda. The applicants hereby agree that either party may sign electronically by utilizing a digital signature service.

Applicant: \_\_\_\_\_ / \_\_\_\_\_ Co-applicant: \_\_\_\_\_ / \_\_\_\_\_

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**AUTHORIZATION TO RELEASE INFORMATION:**

The undersigned applicant affirms under the penalties of perjury that I have read and understand pages 1 through 6 of this application and that my answers to the questions on this application are true and correct to the best of my personal knowledge, information and belief and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably.

Upon demand made by Listing Broker/Landlord, at any time during the applicant's tenancy or thereafter, Listing Broker/Landlord is hereby authorized to release any information contained in this application to any consumer reporting agency, credit bureau, or other investigative agencies.

The Applicant hereby authorizes Listing Broker/Landlord to order and obtain a credit/consumer report. I hereby authorize the owner or owner's agent to whom this Application is made and any credit bureau or other investigative agency used by such owner or owner's agent to investigate and to report and disclose to the owner and the owner's agent the results of the references herein listed, statements and other data obtained from me or from any other person pertaining to **my credit, employment, rent history and financial responsibility**. In the event the Listing Broker is acting on behalf of the Landlord, another broker or other party directly or indirectly affected by said transaction, the applicant hereby authorizes the Listing Broker to forward and disclose all or any portion of the information contained in the credit/consumer report to the Landlord, another Broker or other party directly or indirectly involved. The applicant hereby releases Listing Broker/Landlord from any liability whatever for rejection of this application due to credit information or any other reason. After this application has been processed, the Landlord/Owner may be contacted for final approval. Applicant will be contacted when approval is received or denied.

I understand that this **APPLICATION DOES NOT CONSTITUTE A COMMITMENT** to lease or rent and that a **WRITTEN LEASE WILL BE PREPARED** if my application is approved. I further understand that the lease **MUST BE SIGNED BY BOTH THE LANDLORD AND/OR ITS AGENT AND MYSELF TO BE VALID**.

**PRINT NAME:** \_\_\_\_\_

**APPLICANT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**CO-APPLICANT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Date: \_\_\_\_\_ Check: \$ \_\_\_\_\_ Cash: \$ \_\_\_\_\_

Leasing Broker: \_\_\_\_\_ Broker Code: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Leasing Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

License #/State: \_\_\_\_\_ / \_\_\_\_\_ MRIS # \_\_\_\_\_

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